Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the standary requirement set forth in IC 5-2-15-3.

Date:	<u>9-10-08</u>	Address:	2450 HWY_150
Case #:	<u>45-48871</u>		PALMYRA, INDIANA
County:	<u>HARRISON</u>		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☐ Operati ☐ Chemic ☐ Dumps:	al/Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other: CAMPER TRAILER
(check all ti	<u>nd: Location (bedroom, kitchen, open a</u> nat apply) n/Ammonia Reaction(s);	nir, etc)	esternation in the second
Red Pho	osphorous/Iodine Reaction(s):	_	
Flammable Solvents:			
☐ Water R	Reactive Metal (Lithium):		
	ous Ammonia:		
Hydroci	nlorie Acid Gas Generator(s):		
	ve Acid:		
	ve Basc:		
Other (it	tem and location): <u>red p, meth, peroxi</u>	d <u>e</u>	
	er age 18 discovered (check one) number present) port to Child Protective Services	🔙 Ephedrine	<u>Information</u> /Pseudoephedrine Tracking Log rehant Tip
This report	is to be faxed to the following ager		
Fire Department: PALMYRA VFD Fax: N/A			
	ertment: HARRISON CO.	Fax: <u>738-4292</u> Fax: <u>738-8168</u>	
For further i Investigating	nformation regarding this methamphore Officer: <u>KM, SMITH</u> Phore	etamine laboratory, co no <u>812-246-5424</u>	ntact
** This form	n is to be faxed to the Fire Department, Heal	th Department and/or Chill	d Decumpting Samion Donaton

listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.